



# ARMY FEE ASSISTANCE

## Provider Change Request Form

\_\_\_\_\_ Printed name of qualifying Army Sponsor

Assigned Army Post/Garrison: \_\_\_\_\_

If duty station is not on the Garrison, please provide place of duty: \_\_\_\_\_

### Sponsor/Family Information

I am withdrawing my child/children from \_\_\_\_\_  
*Current Child Care Provider*

Final day of care: \_\_\_\_\_

Child #1 \_\_\_\_\_ DOB \_\_\_\_\_

Child #2 \_\_\_\_\_ DOB \_\_\_\_\_

Child #3 \_\_\_\_\_ DOB \_\_\_\_\_

Child #4 \_\_\_\_\_ DOB \_\_\_\_\_

### Child Care Provider Information

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name/Phone Number of Provider: \_\_\_\_\_

Provider Email Address: \_\_\_\_\_

\_\_\_\_\_ If the provider you have chosen is currently a qualifying Child Care Provider approved to participate in the Army Fee Assistance Program through the General Services Administration (GSA); your provider will submit the Family Enrollment Form CC 2014-06 directly to the GSA to complete your application.

\_\_\_\_\_ If you have a provider that is not currently participating in the Army Fee Assistance Program, please have the provider visit the GSA website [http://financweb.gsa.gov/childcare\\_portal\\_for\\_providers](http://financweb.gsa.gov/childcare_portal_for_providers) to begin the enrollment process, or they may contact the GSA via email at [childcareprovider@gsa.gov](mailto:childcareprovider@gsa.gov) or at (866) 508-0371 for an application packet.

\_\_\_\_\_ If you do not have a provider, please check here and the GSA Subsidy Administration Section will assist you in locating child care in your area.

\_\_\_\_\_  
*Signature of Qualifying Army Sponsor / Last 4 of SSN*

\_\_\_\_\_  
*Date*

Fax: (816) 823-5410

Scan and email to: [army.childcare@gsa.gov](mailto:army.childcare@gsa.gov)



**GSA Subsidy Administration Section**  
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